Friends of the Library Membership Form

	Date:	Date:		
	Cash: \$	/Ck #	\$ amount:	
	Initials (of r	Initials (of receiver):		
I want to <i>become</i> a member: Enclosed is my \$10 Annual Hous I am <i>renewing</i> my membership: Enclosed is my \$10.00 Annua				
I would like to support the Longville Friends of the Library with	n a contribution o	f: \$		
Name:				
Email:				
Address:				
City, State, Zip:				
Telephone:				
Alternate Address (If not a full-time resident of the Longville area Address: City, State, Zip: Alternate email:	a):			
We encourage you to help with events. A sign-up sheet is in the 218-363-2710.	library or you ma	y call the l	ibrary at	
Event volunteer hours: 8 AM set up9-2PM (take 1 -2 hour	shift between 9-2	2) 2PM t	take down.	
Pickup trucks with open bed are always requested for helping to	transport tables	and books.		
Send completed form and check to: Friends of the Library				
Box 106, Longville, MN 56655				
THIS IS A TAX-DEDUCTIBLE MEMBERSIP				
FRIENDS OF THE LIBRARY IS A NON-PROFIT ORGANIZATION				